## **State of Utah Commission on Criminal and** Juvenile Justice

For	CCJ	عودا ا	ONI	γ.
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1. Implementing Agency Name & Address:

THE PERSON NAMED IN COLUMN TO PERSON NAMED I		Salt	101 Stat Lake City, l Ph: (801) Fax: (801)	te Capito Jtah 841 ) 538-103	ol 14-0651 31	c/o A	pplicant Agency:				
<b>2</b> . Type	of Application (c	heck one)				<b>3.</b> Ag	ency Type (check	one)			
<u>9</u>	Initial		<u>9</u>	Contin	uation	<u>9</u>	State		<u>9</u>	City	
If contin	nuation, previous	grant #:				<u>9</u>	County		<u>9</u>	Not for	Profit
4. Phone number: Fax number:					5. Beginning & Ending Dates of Program:						
E-mail	Address:					6. Type of Criminal Justice Agency: (Check one)					
7. Will this award (check one)					9	Law Enforcement	9	Pretrial Services	<u>9</u>	Victim Assistance	
9 Enhance an Existing Program					9	Corrections	<u>9</u>	Prosecutio n	9	Juvenile	
9	Initiate a New I	Program				9	Adjudication	9	Public Defense	<u>9</u>	Other
8. What grant program are you requesting? (Check one)											
9	Crime Reduction Planning	<u>9</u>	Byrne	<u>9</u>	Challenge	<u>9</u>	State Gang	<u>9</u>	JAIBG	<u>9</u>	Title II
9	Title V	9	RSAT	9	Crime Prevention	9	SIS	9	N-Chip	9	VOITIS
• , ,				entification Number -?????)  11. Title which describes the program to be funded:							
13. Budget Summary			Tot	Total Project Costs		Federal Grant Funds		Cash Match		In-Kind Match	
A. Personnel			\$								
B. Contracted Fees				\$							
C. Equipment				\$							
D. Tra	avel/Training				\$						
E. Supplies/Operating				\$							
F. Confidential Funds				\$							
Column Totals \$		\$		\$		\$		\$			
14. *Name of Official Authorized to Sign				15. **Name of Program Director							
16. Signatures				For CCJJ use ONLY							
Authorizing Official			Pr	Program Director		Approval Signature Da			Date		

<sup>\* (</sup>e.g. Mayor, County Commissioner, State Agency CEO) NOTE: Chiefs and Sheriffs are not authorized to approve contracts for their local government. \*\* This is the individual responsible for the day-to-day management of the grant program